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Progress Report: Emergency Medicine in Southern Israel

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in the early 1980s¹, putting Israel ahead of graduate medical education at Ben-Gurion University (Soroka's response from early on in their training. All Israelis serve in the military before entering medical school, and medical students will be ready to assist in mass casualty situations upon completion on a revamped campus, and the gleaming, spacious new building outside the ED has capacity for hundreds of victims.

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Today however the sky around the old building is filled with cranes and a crop of new buildings. Work is nearing completion on a revamped campus, and the gleaming, spacious new building is heartbreakingly busy.

Even without the burden of the current terror war, Soroka has always had a busy ED, handling nearly 200,000 visits per year. Soroka serves as the only tertiary care facility for the greater 60% of Israel's land mass. Recent years have seen a substantial influx of immigrants from Russia, sharing Soroka with native-born Israelis, Bedouins from the desert, and Palestinians from Gaza.

Soroka's innovations in disaster planning, and preparedness for weapons of mass destruction, are remarkable. In the new hospital, every wall and window has been designed to shield against nuclear, biological and chemical contamination. Metal coverings can be pulled down over every window to offer blast protection, and the glass windows can be replaced with plastic windows. In the event of nuclear attack, all of Soroka's buildings can be sealed off from each other, preventing spread of airborne contamination. Decontamination facilities outside the ED have capacity for hundreds of victims.

Almost all Israeli medical centers are required to have a major trauma unit. Soroka is no exception, and their trauma unit is quite large. Attached to the ED is a 16 bed trauma facility with state-of-the-art fittings, monitoring and resuscitation equipment, and luxurious patient rooms. According to Dr. Yoram Snir, Chair of the Department of Trauma Surgery, the trauma unit at Soroka is the best in the country.

EM at Soroka, the large trauma unit on the next floor up, is also small. Just 63 EDs were “grandfathered” into the specialty by 2002. Despite the formal establishment of the specialty, the vast majority of EDs in Israel still operate in a divided fashion, with physicians coming from many different specialties. Soroka is different, and staffed by a mix of physicians and residents from EM and the other specialties. The turf wars which many American Emergency Physicians have left behind are just beginning in Israel.

At the graduate level, however, Israel has lagged. EM was only recognized as a specialty in 1999, after many years of lobbying by the Israel Association of Emergency Medicine (IAEM). Soroka is one of three active EM residences in the country. As many as 13 programs may soon be active. EM is structured as a "super-specialty," with residents training in EM for two-and-a-half years, followed by three years of specialty training in one of the following areas: Anesthesia, Pediatrics, Obstetrics, Family Practice, Ortophopedics, Critical Care, or Disaster Medicine. Soroka will produce 3 EM residency graduates this year, out of a total of 12. For Israel as a whole, the pool of board-certified EPs is also small. Just 63 EPs were "grandfathered" into the specialty by 2002.

Despite the formal establishment of the specialty, the vast majority of EM residents in Israel still operate in a divided fashion, with physicians coming from many different specialties. Soroka is different, and staffed by a mix of physicians and residents from EM and the other specialties. The turf wars which many American Emergency Physicians have left behind are just beginning in Israel.

At the same time, residents in all specialties receive intensive training in the Military Advanced Trauma Life Support (MATLS) program, which combines features of ATLS and Mass Casualty and Disaster Management.

This is the paradox of EM in Israel. There are few places on Earth where doctors are more attuned to or more experienced in managing the sudden, the unexpected and the horrifying. Yet the specialty of EM is in its infancy. There are few places on Earth where doctors are more attuned to or more experienced in predicting the next disaster. Soroka is one of the few places on Earth where doctors are attuned to both.

Soroka illustrates well the focus placed upon trauma and disaster medicine in Israel. And this is precisely why Soroka provides for the training of the next generation of EM specialists. The Soroka ED is divided, and staffed by a mix of physicians and residents from EM and the other specialties. The turf wars which many American Emergency Physicians have left behind are just beginning in Israel.

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